

Return Forms to Activity Center!

For 1st-5th graders!

City of Gaithersburg • 301-258-6350 • www.gaithersburgmd.gov

Half Day Hoopla To Cosmic Bowling



Tues., Nov. 12
12:55pm-5:30pm

Drop off/Pick Up at Activity Center at Bohrer Park (506 S. Frederick Ave.)

*NOTE: we will leave the center at 2pm

Cosmic Bowling • Funnel Cake • Sodas • Fries • Fun Times • & more

** Food Available Upon Purchase **

Cost
\$13 Res.
\$20 Nonres.

- Participants will enjoy the afternoon glowing in the dark during Cosmic Bowl!
- Registration is limited to the first 60 participants.
- Please make sure your child has eaten lunch BEFORE program.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at gaithersburgmd.gov/recxpress

Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards.



Questions? Contact Julius
Arnold at 301-258-6350 or
julius.arnold@gaithersburgmd.gov

Bowl America Registration Form

9165

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's First Name _____ Parent's Last Name _____

Address _____ Apt _____ City/State/Zip _____

Home/Work # _____ Cell # _____ Email _____

Emergency Contact Name _____ Emergency Contact Number _____

Participant's Name	Sex	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Shoe Size
Example: Colin Ryan	M	09/02/08	Bowl America	9165	AC	5	FRES	13 Youth
			Bowl America	9165	AC			
			Bowl America	9165	AC			

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list: ☐ Y ☐ N

Describe any physical, psychiatric, behavioral or other concerns for which you will make a special request for a change/adaptation as a reasonable accommodation. The City is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable law. Requests must be requested two weeks prior to the start of the program. Program entry may be delayed/denied if the request does not allow the City sufficient time to consider/arrange the accommodations.

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg (City). I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. I also understand that I am responsible for making a request for reasonable accommodations under the Americans with Disabilities Act and other applicable law. Furthermore, I understand that although safety precautions will be observed, the City, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines. I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/AMEX/Disc# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

Office Use Only: # 9165

Rec'd: _____ Initials _____

W M F Resident: Y N

Pr: _____ Date _____

